

# STAGE 1 CLINICAL QUALITY MEASURES

## Eligible Professional (EP) Measures Sorted by Core/Alternate Core and Menu Set

EPs must report on six total measures, three core measures (substituting alternate core measures where necessary) and three additional measures from a menu set.

Measures are reported for ALL patients, regardless of payer, within the reporting period. Clinical quality measures only need to be reported once for the period. EPs are not required to achieve any performance measure targets; rather, they only report their performance. Measures are reported at the provider level.

Electronic Measure specification information can be found at:

[http://www.cms.gov/QualityMeasure/03\\_ElectronicSpecifications.asp](http://www.cms.gov/QualityMeasure/03_ElectronicSpecifications.asp)

### EP Core/Alternate Core Measures

All EPs must report on the three core measures shown below. If the denominator for any core measure is zero, the provider must substitute one of the alternate core measures.

ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES	
CORE MEASURES	
NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title & Description
NQF 0421 PQRI 128	<b>Title:</b> Adult Weight Screening and Follow-Up <b>Description:</b> Percentage of patients aged 18 years and older with a calculated BMI in the past six months or during the current visit documented in the medical record AND if the most recent BMI is outside parameters, a follow-up plan is documented.
NQF 0013	<b>Title:</b> Hypertension: Blood Pressure Measurement <b>Description:</b> Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least two office visits, with blood pressure (BP) recorded.
NQF 0028	<b>Title:</b> Preventive Care and Screening Measure Pair a. Tobacco Use Assessment b. Tobacco Cessation Intervention <b>Description</b> a. Percentage of patients aged 18 years and older who have been seen for at least two office visits who were queried about tobacco use one or more times within 24 months b. Percentage of patients aged 18 years and older identified as tobacco users within the past 24 months who have been seen for at least two office visits, who received cessation intervention.
ALTERNATE CORE MEASURES	
NQF 0041 PQRI 110	<b>Title:</b> Preventive Care and Screening: Influenza Immunization for Patients ≥ 50 Years Old <b>Description:</b> Percentage of patients aged 50 years and older who received an influenza immunization during the flu season (September through February).
NQF 0024	<b>Title:</b> Weight Assessment and Counseling for Children and Adolescents <b>Description:</b> Percentage of patients 2 -17 years of age who had an outpatient visit with a primary care physician (PCP) or OB/GYN and who had evidence of BMI percentile documentation, counseling for nutrition and counseling for physical

NQF 0038	<b>Title:</b> Childhood Immunization Status <b>Description:</b> Percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV), one measles, mumps and rubella (MMR); two H influenza type B (HiB); three hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); two hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and nine separate combination rates.
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## **EP Menu Set Measures**

In addition to the core and alternate core measures, all EPs must choose three (3) measures in the table below on which to report their performance. **If any of the measures have a denominator value of zero, then the provider must choose another measure that does not have a denominator value of zero.** If all measures have a zero denominator, the “EP will have to attest that all of the other clinical quality measures calculated by the certified EHR technology have a value of zero in the denominator, if the EP is to be exempt from reporting any of the additional clinical quality measures (other than the core and alternate core measures)”

<b>ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES</b>	
<b>MENU SET MEASURES</b>	
<b>NQF Measure Number &amp; PQRI Implementation Number</b>	<b>Clinical Quality Measure Title &amp; Description</b>
NQF 0059 PQRI 1	<b>Title:</b> Diabetes: Hemoglobin A1c Poor Control <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c > 9.0%.
NQF 0064 PQRI 2	<b>Title:</b> Diabetes: Low Density Lipoprotein (LDL) Management and Control <b>Description:</b> Percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had LDL-C < 100 mg/dL.
NQF 0061 PQRI 3	<b>Title:</b> Diabetes: Blood Pressure Management <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had blood pressure <140/90 mmHg.
NQF 0081 PQRI 5	<b>Title:</b> Heart Failure (HF): Angiotensin-Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy for Left Ventricular Systolic Dysfunction (LVSD) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure and LVSD (LVEF < 40%) who were prescribed ACE inhibitor or ARB therapy.
NQF 0070 PQRI 7	<b>Title:</b> Coronary Artery Disease (CAD): Beta-Blocker Therapy for CAD Patients with Prior Myocardial Infarction (MI) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD and prior MI who were prescribed beta blocker therapy.
NQF 0043 PQRI 111	<b>Title:</b> Pneumonia Vaccination Status for Older Adults <b>Description:</b> Percentage of patients 65 years of age and older who have ever received a pneumococcal vaccine.
NQF 0031 PQRI 112	<b>Title:</b> Breast Cancer Screening <b>Description:</b> Percentage of women 40-69 years of age who had a mammogram to screen for breast cancer.
NQF 0034 PQRI 113	<b>Title:</b> Colorectal Cancer Screening <b>Description:</b> Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer.
NQF 0067 PQRI 6	<b>Title:</b> Coronary Artery Disease (CAD): Oral Antiplatelet Therapy Prescribed for Patients with CAD <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed oral antiplatelet therapy.
NQF 0083 PQRI 8	<b>Title:</b> Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD) <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of heart failure who also have LVSD (LVEF < 40%) and who were prescribed beta blocker therapy.
NQF 0105 PQRI 9	<b>Title:</b> Anti-depressant medication management a. Effective Acute Phase Treatment b. Effective Continuation Phase Treatment <b>Description:</b> The percentage of patients 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment.

## ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES

### MENU SET MEASURES

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title & Description
NQF 0086 PQRI 12	<b>Title:</b> Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of POAG who have been seen for at least two office visits who have an optic nerve head evaluation during one or more office visits within 12 months.
NQF 0088 PQRI 18	<b>Title:</b> Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during one or more office visits within 12 months.
NQF 0089 PQRI 19	<b>Title:</b> Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed with documented communication to the physician who manages the ongoing care of the patient with diabetes mellitus regarding the findings of the macular or fundus exam at least once within 12 months.
NQF 0047 PQRI 53	<b>Title:</b> Asthma Pharmacologic Therapy <b>Description:</b> Percentage of patients aged 5 through 40 years with a diagnosis of mild, moderate, or severe persistent asthma who were prescribed either the preferred long-term control medication (inhaled corticosteroid) or an acceptable alternative treatment.
NQF 0001 PQRI 64	<b>Title:</b> Asthma Assessment <b>Description:</b> Percentage of patients aged 5 through 40 years with a diagnosis of asthma and who have been seen for at least two office visits, who were evaluated during at least one office visit within 12 months for the frequency (numeric) of daytime and nocturnal asthma symptoms.
NQF 0002 PQRI 66	<b>Title:</b> Appropriate Testing for Children with Pharyngitis <b>Description:</b> Percentage of children 2-18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.
NQF 0387 PQRI 71	<b>Title:</b> Oncology Breast Cancer: Hormonal Therapy for Stage IC-IIIC Estrogen Receptor/Progesterone Receptor (ER/PR) Positive Breast Cancer <b>Description:</b> Percentage of female patients aged 18 years and older with Stage IC through IIIC, ER or PR positive breast cancer who were prescribed tamoxifen or aromatase inhibitor (AI) during the 12-month reporting period.
NQF 0385 PQRI 72	<b>Title:</b> Oncology Colon Cancer: Chemotherapy for Stage III Colon Cancer Patients <b>Description:</b> Percentage of patients aged 18 years and older with Stage IIIA through IIIC colon cancer who are referred for adjuvant chemotherapy, prescribed adjuvant chemotherapy, or have previously received adjuvant chemotherapy within the 12-month reporting period.
NQF 0389 PQRI 102	<b>Title:</b> Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients <b>Description:</b> Percentage of patients, regardless of age, with a diagnosis of prostate cancer at low risk of recurrence receiving interstitial prostate brachytherapy, OR external beam radiotherapy to the prostate, OR radical prostatectomy, OR cryotherapy who did not have a bone scan performed at any time since diagnosis of prostate cancer.
NQF 0027 PQRI 115	<b>Title:</b> Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit b. Discussing Smoking and Tobacco Use Cessation Medications c. Discussing Smoking and Tobacco Use Cessation Strategies <b>Description:</b> Percentage of patients 18 years of age and older who were current smokers or tobacco users, who were seen by a practitioner during the measurement year and who received advice to quit smoking or tobacco use or whose practitioner recommended or discussed smoking or tobacco use cessation medications, methods or strategies.
NQF 0055 PQRI 117	<b>Title:</b> Diabetes: Eye Exam <b>Description:</b> Percentage of patients 18 -75 years of age with diabetes (type 1 or type 2) who had a retinal or dilated eye exam or a negative retinal exam (no evidence of retinopathy) by an eye care professional.
NQF 0062 PQRI 119	<b>Title:</b> Diabetes: Urine Screening <b>Description:</b> Percentage of patients 18 - 75 years of age with diabetes (type 1 or type 2) who had a nephropathy screening test or evidence of nephropathy.

## ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES

### MENU SET MEASURES

NQF Measure Number & PQRI Implementation Number	Clinical Quality Measure Title & Description
NQF 0056 PQRI 163	<b>Title:</b> Diabetes: Foot Exam <b>Description:</b> The percentage of patients aged 18 – 75 years with diabetes (type 1 or type 2) who had a foot exam (visual inspection, sensory exam with monofilament, or pulse exam).
NQF 0074 PQRI 197	<b>Title:</b> Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL-Cholesterol <b>Description:</b> Percentage of patients aged 18 years and older with a diagnosis of CAD who were prescribed a lipid-lowering therapy (based on current ACC/AHA guidelines).
NQF 0084 PQRI 200	<b>Title:</b> Heart Failure (HF): Warfarin Therapy Patients with Atrial Fibrillation <b>Description:</b> Percentage of all patients aged 18 years and older with a diagnosis of heart failure and paroxysmal or chronic atrial fibrillation who were prescribed warfarin therapy.
NQF 0073 PQRI 201	<b>Title:</b> Ischemic Vascular Disease (IVD): Blood Pressure Management <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1- November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and whose recent blood pressure is in control (<140/90 mmHg).
NQF 0068 PQRI 204	<b>Title:</b> Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal coronary angioplasty (PTCA) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had documentation of use of aspirin or another antithrombotic during the measurement year.
NQF 0004	<b>Title:</b> Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement <b>Description:</b> The percentage of adolescent and adult patients with a new episode of alcohol and other drug (AOD) dependence who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization within 14 days of the diagnosis and who initiated treatment and who had two or more additional services with an AOD diagnosis within 30 days of the initiation visit.
NQF 0012	<b>Title:</b> Prenatal Care: Screening for Human Immunodeficiency Virus (HIV) <b>Description:</b> Percentage of patients, regardless of age, who gave birth during a 12-month period who were screened for HIV infection during the first or second prenatal care visit.
NQF 0014	<b>Title:</b> Prenatal Care: Anti-D Immune Globulin <b>Description:</b> Percentage of D (Rh) negative, unsensitized patients, regardless of age, who gave birth during a 12-month period who received anti-D immune globulin at 26-30 weeks gestation.
NQF 0018	<b>Title:</b> Controlling High Blood Pressure <b>Description:</b> The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the measurement year.
NQF 0032	<b>Title:</b> Cervical Cancer Screening <b>Description:</b> Percentage of women 21-64 years of age, who received one or more Pap tests to screen for cervical cancer.
NQF 0033	<b>Title:</b> Chlamydia Screening for Women <b>Description:</b> Percentage of women 15- 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
NQF 0036	<b>Title:</b> Use of Appropriate Medications for Asthma <b>Description:</b> Percentage of patients 5 - 50 years of age who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year. Report three age stratifications (5-11 years, 12-50 years, and total).
NQF 0052	<b>Title:</b> Low Back Pain: Use of Imaging Studies <b>Description:</b> Percentage of patients with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of diagnosis.

<b>ELIGIBLE PROFESSIONAL CLINICAL QUALITY MEASURES</b>	
<b>MENU SET MEASURES</b>	
<b>NQF Measure Number &amp; PQRI Implementation Number</b>	<b>Clinical Quality Measure Title &amp; Description</b>
NQF 0075	<b>Title:</b> Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control <b>Description:</b> Percentage of patients 18 years of age and older who were discharged alive for acute myocardial infarction (AMI), coronary artery bypass graft (CABG) or percutaneous transluminal angioplasty (PTCA) from January 1-November1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year and who had a complete lipid profile performed during the measurement year and whose LDL-C<100 mg/dL
NQF 0575	<b>Title:</b> Diabetes: Hemoglobin A1c Control (<8.0%) <b>Description:</b> The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had hemoglobin A1c <8.0%.

### Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) Measures

All EHs and CAHs must report on all 15 hospital measures shown below, even if one or more denominator values are zero.

Measures are reported for ALL patients, regardless of payer, within the reporting period. Clinical quality measures only need to be reported once for the period. Hospitals are not required to achieve any performance measure targets; rather, they only report their performance. Measures are reported at the facility (hospital) level.

<b>ELIGIBLE HOSPITAL AND CAH CLINICAL QUALITY MEASURES</b>	
<b>Measure Number Identifier</b>	<b>Clinical Quality Measure Title &amp; Description</b>
Emergency Department (ED)-1 NQF 0495	<b>Title:</b> Emergency Department Throughput –Median time from ED arrival to ED departure for admitted patients <b>Description:</b> Median time from emergency department arrival to time of departure from the emergency room for patients admitted to the facility from the emergency department.
ED-2 NQF 0497	<b>Title:</b> Emergency Department Throughput –Admission decision time to ED departure time for admitted patients <b>Description:</b> Median time from admit decision time to time of departure from the emergency department of emergency department patients admitted to inpatient status.
Stroke-2 NQF 0435	<b>Title:</b> Ischemic stroke – Discharge on anti-thrombotics <b>Description:</b> Ischemic stroke patients prescribed antithrombotic therapy at hospital discharge.
Stroke-3 NQF 0436	<b>Title:</b> Ischemic stroke – Anticoagulation for A-fib/flutter <b>Description:</b> Ischemic stroke patients with atrial fibrillation/flutter who are prescribed anticoagulation therapy at hospital discharge.
Stroke-4 NQF 0437	<b>Title:</b> Ischemic stroke – Thrombolytic therapy for patients arriving within two hours of symptom onset <b>Description:</b> Acute ischemic stroke patients who arrive at this hospital within two hours of time last known well and for whom IV t-PA was initiated at this hospital within three hours of time last known well.
Stroke-5 NQF 0438	<b>Title:</b> Ischemic or hemorrhagic stroke – Antithrombotic therapy by day two <b>Description:</b> Ischemic stroke patients administered antithrombotic therapy by the end of hospital day two.
Stroke-6 NQF 0439	<b>Title:</b> Ischemic stroke – Discharge on statins <b>Description:</b> Ischemic stroke patients with LDL $\geq$ 100 mg/dL, or LDL not measured, or, who were on a lipid lowering medication prior to hospital arrival are prescribed statin medication at hospital discharge.

## ELIGIBLE HOSPITAL AND CAH CLINICAL QUALITY MEASURES

Measure Number Identifier	Clinical Quality Measure Title & Description
Stroke-8 NQF 0440	<b>Title:</b> Ischemic or hemorrhagic stroke – Stroke education <b>Description:</b> Ischemic or hemorrhagic stroke patients or their caregivers who were given educational materials during the hospital stay addressing all of the following: activation of emergency medical system, need for follow-up after discharge, medications prescribed at discharge, risk factors for stroke, and warning signs and symptoms of stroke.
Stroke-10 NQF 0441	<b>Title:</b> Ischemic or hemorrhagic stroke – Rehabilitation assessment <b>Description:</b> Ischemic or hemorrhagic stroke patients who were assessed for rehabilitation services.
Venous Thrombo-embolism (VTE)-1 NQF 0371	<b>Title:</b> VTE prophylaxis within 24 hours of arrival <b>Description:</b> This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after hospital admission or surgery end date for surgeries that start the day of or the day after hospital admission.
VTE-2 NQF 0372	<b>Title:</b> Intensive Care Unit VTE prophylaxis <b>Description:</b> This measure assesses the number of patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given the day of or the day after the initial admission (or transfer) to the Intensive Care Unit (ICU) or surgery end date for surgeries that start the day of or the day after ICU admission (or transfer).
VTE-3 NQF 0373	<b>Title:</b> Anticoagulation overlap therapy <b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE who received an overlap of parenteral (intravenous [IV] or subcutaneous [subcu]) anticoagulation and warfarin therapy. For patients who received less than five days of overlap therapy, they must be discharged on both medications. Overlap therapy must be administered for at least five days with an international normalized ratio (INR) $\geq 2$ prior to discontinuation of the parenteral anticoagulation therapy or the patient must be discharged on both medications.
VTE-4 NQF 0374	<b>Title:</b> Platelet monitoring on unfractionated heparin <b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE who received intravenous (IV) UFH therapy dosages AND had their platelet counts monitored using defined parameters such as a nomogram or protocol.
VTE-5 NQF 0375	<b>Title:</b> VTE discharge instructions <b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE that are discharged to home, to home with home health, home hospice or discharged/transferred to court/law enforcement on warfarin with written discharge instructions that address all four criteria: compliance issues, dietary advice, follow-up monitoring, and information about the potential for adverse drug reactions/interactions.
VTE-6 NQF 0376	<b>Title:</b> Incidence of potentially preventable VTE <b>Description:</b> This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present on arrival) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date.